

Public consultation

17 November 2022

Draft revised registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training

Summary

The Medical Board of Australia's (the Board's) registration standard – *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* is being reviewed in response to changes to medical internship arising from the Australian Medical Council's development of the National Framework for Prevocational (PGY1 and PGY2) Medical Training.

The draft revised standard defines the requirements for eligibility for general registration on completion of a medical internship (postgraduate year one (PGY1)). Medical internship is a mandatory 12 month period of supervised clinical experience required of Australian and New Zealand medical graduates to become eligible for general registration in Australia.

The Board is inviting feedback on the draft revised registration standard – *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

The draft revised standard does not apply to postgraduate year two (PGY2) training requirements.

Public consultation is open to **25 January 2023**.

Making a submission

You are invited to provide feedback on the draft revised registration standard.

Please provide written submissions by email, marked: '*Public consultation on a revised registration standard - Granting general registration to Australian and New Zealand medical graduates on completion of intern training*' to medboardconsultation@ahpra.gov.au by close of business on **25 January 2023**.

Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

After public consultation closes, the Board will review and consider all feedback from this consultation before deciding the next steps, which may include submitting the revised standard to the Australian Health Workforce Ministerial Council for approval.

Background

One of the functions of National Boards is to develop and recommend for approval to the Australian Health Workforce Ministerial Council (the Ministerial Council), registration standards about issues relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to practise the profession competently and safely. The National Law¹, which grants the National Boards their powers, requires that they undertake wide-ranging consultation on the content of any registration standard, code or guideline.

Section 52(1)(b) of the National Law requires applicants for general registration to successfully complete:

- any period of supervised practice in the health profession required by an approved registration standard for the health profession; or
- any examination or assessment required by an approved registration standard for the health profession to assess the individual's ability to competently and safely practise the profession.

The Medical Board of Australia's (the Board's) current registration standard *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* defines the requirements for supervised practice that must be completed satisfactorily by Australian and New Zealand medical graduates to become eligible for general registration.

The Board is reviewing its registration standard in response to the the development of the Australian Medical Council's (the AMC's) National Framework for Prevocational (PGY1 and PGY2) Medical Training which proposes changes to medical internship (postgraduate year one (PGY1)).

Background to the changes to medical internship

In April 2014, the Australian Health Ministers' Advisory Council commissioned an independent review of medical intern training (the Review). The purpose of the Review was to examine the current medical internship model and consider potential reforms to support medical graduate transition into practice and further training. It was also to ensure that the workforce continues to be well trained, fit for purpose and equipped to meet the changing health needs of the Australian population. The Review was undertaken in 2015 by Professor Andrew Wilson and Dr Anne-Marie Feyer. The Final Report² of the Review found that the current model of internship did not reflect modern health care and impacts negatively on the quality of the learning experience. The Review made several recommendations including the implementation of a two-year capability and performance framework with completion of PGY1 continuing to lead to general registration.

Health Ministers accepted the recommendation for a two-year capability and performance framework as well as other recommendations³ and tasked the Australian Health Ministers' Advisory Council (now known as the Health Chief Executives Forum) to implement the accepted recommendations. The Board appointed the AMC, the national standards body for medical education and training, to review the medical internship year (PGY1) in response to Health Minister's decisions. As there was overlap between the AMC's and Health Chief Executives Forum's (the HCEF's) work, the HCEF appointed the AMC to develop the two-year capability and performance framework.

In 2019, the AMC commenced consultation on a proposal for a National Framework for Prevocational (PGY1 and PGY2) Medical Training (the Framework). Overall, the AMC received support from stakeholders for the proposed Framework. The Board has approved the PGY1 components of the Framework and the AMC has finalised and published the Framework⁴ for implementation from 2024, noting that the final Framework will be subject to the outcome of this consultation.

¹ The Health Practitioner Regulation National Law, as in force in each state and territory

² <https://www.ahpra.gov.au/About-Ahpra/Ministerial-Directives-and-Communiques/National-Scheme-reports-and-reviews.aspx>

³ Ibid.

⁴ <https://www.amc.org.au/framework/>

Scope of this consultation

This consultation deals with the proposed changes to the Board's current standard which defines the requirements for granting general registration on completion of PGY1 training.

The AMC has previously consulted on the requirements for PGY1 and PGY2 training and the Framework more broadly. The Board is not consulting on these matters beyond the registration standard.

The requirements for PGY2 training are outside the scope of this consultation. The Board does not have a role under the National Law in PGY2 training as PGY2 doctors have been granted general registration.

Proposed changes to the current registration standard

The current standard defines the requirements that Australian and New Zealand medical graduates must meet to become eligible for general registration. The key changes proposed to the standard reflect the changes to PGY1 training in the AMC Framework including:

- removing the need to complete mandatory terms in medicine, surgery and emergency medical care and replacing them with terms that include experience in:
 - undifferentiated illness patient care
 - chronic illness patient care
 - acute and critical illness patient care, and
 - peri-procedural patient care.

The proposed revised standard supports flexible and innovative approaches to intern training requirements, including flexibility in settings and locations.

The proposed standard also makes it more explicit that Australian and New Zealand medical graduates who satisfactorily complete accredited PGY1 training in New Zealand are eligible for general registration without completing additional intern training in Australia. The Board currently grants general registration to New Zealand interns.

The Board is not proposing any changes to the 'general requirements' in the current standard such as the requirement for an approved qualification, English language skills, proof of identity, criminal history checks and a commitment to comply with the professional indemnity insurance registration standard.

Options considered by the Board

The Board has considered two options for consultation.

Option 1 – Rely on existing standard

Under this option, the current standard will not reflect the new requirements for medical internship which come into effect from 2024. Australian and New Zealand medical graduates who have completed an internship under the AMC Framework may not necessarily be eligible for general registration.

Option 2 – Revise the existing standard

Under option two, the Board would update the current standard to reflect the new intern training requirements to start from 2024. This will support Australian and New Zealand medical graduates to become eligible for general registration. The Board would also review other elements of the standard to ensure the continued relevance of the standard.

If approved, the revised standard would come into effect from 2024.

Preferred option

The Board prefers option two and has drafted a revised registration standard for consultation.

Potential benefits of the preferred option

The benefits of a revised standard are that it will:

1. be written in plain English and be easy to read and understand
2. assure medical graduates that they are eligible for general registration if they meet the registration standard
3. maintain a balance between ensuring high quality training of medical practitioners and flexible, innovative training that enables interns to achieve the standard expected in a range of different experiences and training locations including outside hospital settings
4. support the National Law objective of enabling innovation in the education of, and service delivery by, health practitioners by discontinuing mandatory terms in specific areas of medicine that may not reflect current community needs and current models of healthcare.

Estimated impacts of the draft revised standard

The AMC has previously consulted on the impacts of the AMC Framework which describes the requirements and standards for training programs, terms and assessments. This current consultation is about the estimated impacts of the content of the draft revised standard.

The proposal to discontinue the current mandatory terms will ultimately benefit interns, training and health care providers and the community. The changes to terms will require training providers to restructure their training programs to ensure they are delivering training that will enable interns to achieve the competencies required. This is largely an administrative process. The competencies required of interns have not significantly changed. However, new competencies are introduced to support culturally safe care, particularly for Aboriginal and Torres Strait Islander Peoples.

The proposal to discontinue mandatory terms recognises the need for greater flexibility in the location and nature of clinical experience offered during intern training. This flexibility acknowledges that as models of care evolve and change, intern training will also evolve and change to better reflect community needs. The current mandatory term model does not necessarily ensure relevance, quality or consistency in the learning experience. The proposed flexibility in training settings and locations is balanced with the requirement that interns must be given a breadth of clinical exposure ensuring generalist experience that provides interns with the knowledge and skills to practise as safe entry-level practitioners.

Quality assurance of intern training is a current requirement and this is proposed to continue under the draft revised registration standard. All intern training programs, terms and locations are proposed to be accredited and monitored against national standards as described in the AMC Framework.

Questions for consideration

The Board is inviting general comments on the draft revised standard as well as responses to the following questions:

1. Is the content and structure of the draft revised standard helpful, clear, relevant and workable?
2. Is there any content that needs to be changed, added or deleted in the draft revised standard?
3. Are there any impacts for patients and consumers, particularly vulnerable members of the community that have not been considered in the draft revised standard?
4. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised standard?
5. Do you have any other comments on the draft revised standard?

Attachments

Attachment A: Draft revised registration standard *Granting general registration as a medical practitioner to Australian and New Zealand Medical Graduates on completion of intern training*

Attachment B: The Medical Board of Australia's (the Board's) statement of assessment against *Ahpra's Procedures for the development of registration standards, codes and guidelines and COAG principles for best practice regulation*

Attachment C: National Boards' Patient and Consumer Health and Safety Impact Statement

The Board's current standard for *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* is available on the Board's [website](#).



**Medical Board
Ahpra**

Attachment A

Medical Board of Australia

**Registration standard:
Granting general registration
as a medical practitioner to
Australian and New Zealand
medical graduates on
completion of intern training**

Effective from: TBC

Summary

Australian and New Zealand medical graduates must satisfactorily complete an accredited period of supervised clinical training in Australia (known as a medical internship or postgraduate year one (PGY1)) to become eligible for general registration.

This registration standard defines the Medical Board of Australia's (the Board's) requirements for granting general registration to Australian and New Zealand medical graduates on satisfactory completion of an accredited medical internship.

Does this standard apply to me?

This standard applies to Australian and New Zealand medical graduates who have completed a program of study accredited by the Australian Medical Council (the AMC) and approved by the Board as providing a qualification for the purposes of general registration in the medical profession.

The Board publishes a list of approved programs of study.

What must I do?

When you apply for general registration

You must:

1. provide evidence of being awarded an approved qualification for the purposes of general registration as a medical practitioner
2. provide evidence of satisfactorily completing at least 47 weeks full-time equivalent experience as an intern in accredited supervised clinical practice, including that you have met the necessary term requirements. For details see 'Intern training requirements' below
3. comply with the Board's proof of identity policy as published on either the Board's or Ahpra's websites
4. meet the requirements in the Board's approved registration standards for:
 - a. English language skills
 - b. professional indemnity insurance
5. declare any criminal history in Australia and overseas and complete a criminal history check according to the Board's and Ahpra's published requirements. Any criminal history will be assessed to consider whether you are suitable for registration under the National Law
6. provide details of your registration history as a health practitioner. If you are currently registered or have previously been registered overseas as a health practitioner, arrange for a Certificate of Registration Status or Certificate of Good Standing to be sent directly to Ahpra from each registration authority you have been registered with in the previous 10 years. The certificates must be provided in accordance with Board's and Ahpra's published requirements.

If you have previously been registered or are currently registered in a health profession in Australia under the National Law and have therefore provided information to a National Board previously, some of the requirements in this standard may be waived. If there is documentation that is subject to currency or time limited requirements such as English language skills test results, you may be required to submit updated documentation.

All documents submitted must comply with the Board's and Ahpra's published requirements for certifying and translating documents.

Intern training requirements

To be eligible for general registration, you must provide:

1. evidence of satisfactory completion of at least 47 weeks full-time equivalent (FTE) experience as an intern in supervised clinical practice completed in accredited terms in hospital, general practice and/or community-based health services. The 47 weeks of experience:
 - a. must be completed within a period of no more than three years
 - b. excludes annual leave but may include up to two weeks of professional development leave
 - c. must include a minimum of four terms (of at least 10 weeks each term) in different areas of medical practice. Each term must include direct clinical care of patients predominately in no more than one or two of the types of patient care below:
 - i. undifferentiated illness patient care
 - ii. chronic illness patient care
 - iii. acute and critical illness patient care, and
 - iv. peri-procedural patient care.
2. written confirmation, in a form approved by the Board, and signed by the Director of Training, Director of Medical Services or other person authorised by the intern training provider and acceptable to the Board, confirming that you have been assessed as having reached an overall satisfactory rating on completion of your internship.

The rating will be based on structured assessments, including end of term assessments completed during the intern year as described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training and assessment - Training and assessment requirements for prevocational (PGY1 & PGY2) training programs* (as revised from time to time).

For the 47 weeks FTE experience, you can only practise a maximum of 25% in any one subspecialty and a maximum total of 50% in any one specialty (including its subspecialties). For example, you may not practise more than 50% in surgical terms or paediatric terms. This is to provide a breadth of exposure across a range of specialties.

If you have practised for less than 47 weeks (such as for sick leave, personal leave or carer's leave), the Board will consider whether to grant general registration on a case-by-case basis. It will take into consideration information provided by the Director of Training or Director of Medical Services (or other person acceptable to the Board) about your performance and whether or not you have met the required training standard and whether you have been recommended to the Board for general registration.

The location of training, intern program and all terms must be accredited against approved accreditation standards by an organisation accredited by the AMC and approved by the Board.

Notes

1. Each accredited term may include more than one type of patient care. For example, it could include both undifferentiated illness patient care and peri-procedural patient care. You can count up to two types of patient care per term when making up the requirements. The type of patient care you can count will have been defined through the accreditation process.
2. It is possible to complete the experiential parts of the requirements (undifferentiated illness, chronic illness, acute and critical illness and peri-procedural patient care) in less than 47 weeks. However, this standard requires that you complete both the 47 weeks FTE experience and the types of patient care to be eligible for general registration.

Are there exemptions to this standard?

Intern training completed in New Zealand

Australian and New Zealand medical graduates who provide evidence of having satisfactorily completed accredited PGY1 training as an intern in New Zealand can be granted general registration without completing an internship in Australia. The PGY1 program must be accredited by the Medical Council of New Zealand.

Intern training completed outside of Australia or New Zealand

For the purpose of granting general registration, the Board will accept satisfactory intern training undertaken outside of Australia or New Zealand, for a term not exceeding 12 weeks FTE experience, where that term has been prospectively accredited to Australian standards by an authority accredited by the AMC and approved by the Board.

Australian and New Zealand medical graduates who have completed an internship outside of Australia or New Zealand will be eligible to apply for provisional registration and will be required to satisfactorily complete at least 47 weeks FTE of Board approved supervised practice to familiarise themselves with the Australian health care system before being eligible for general registration.

If you satisfactorily complete up to 12 weeks FTE of accredited intern training outside of Australia or New Zealand as described above, the 47 weeks FTE of supervised practice in Australia can be reduced by the number of weeks FTE accredited training that you have completed.

More information

Part-time training

Intern training undertaken part-time must be completed within three years of commencement.

Intern training requirements not completed within anticipated timeframe

Australian and New Zealand medical graduates must apply for provisional registration to undertake intern training. Under the National Law, provisional registration may only be renewed twice (three years of registration in total). Most medical graduates will satisfactorily complete intern training within 12 months and will not need to renew provisional registration.

If you have not completed the internship requirements within the anticipated timeframe (maximum timeframe of three years), you can make a new application for provisional registration.

Background to medical internship

Medical internship (PGY1) is a period of mandatory supervised general clinical experience required to become eligible for general registration. It allows medical graduates to consolidate, apply and enhance clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. A medical graduate with general registration is expected to have the skills, knowledge and experience to work as a safe entry level medical practitioner, able to practise within the limits of their training.

The medical internship can help to inform career choices for many graduates by providing experience in different medical specialties and provides grounding for subsequent vocational (specialist) training.

The requirements for medical internship (PGY1) are established in the AMC's *National Framework for Prevocational (PGY1 & PGY2) Medical Training* (as revised from time to time). The Framework includes a suite of documents that define the requirements and standards for training programs, terms, assessments, and accreditation standards for organisations that accredit intern training programs.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law).

Authority

This registration standard was approved by the Ministerial Council on <date>.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Acute and critical illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment - National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

Approved qualification means a qualification obtained by successfully completing a program of study accredited by the AMC and approved by the Board as providing a qualification for the purposes of general registration in the medical profession. The Board publishes a list of approved programs of study for registration.

Australian or New Zealand medical graduate means a person who has satisfactorily completed an AMC accredited program of study approved by the Board and leading to the award of an approved qualification for the purposes of general registration in the medical profession.

Chronic illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment - National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for patients with a broad range of chronic diseases and multi-morbidities. This experience could be gained working in a range of settings such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Intern means a doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.

Peri-procedural patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment - National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for patients undergoing procedures, including before and after the procedure. This experience could be gained working in a range of settings such as interventional cardiology, radiology, anaesthetic units or surgical units.

Specialty means a specialty approved under section 13 of the National Law for the purposes of specialist registration in the medical profession. The Board publishes a registration standard - *List of specialties, fields and related titles*.

Subspecialty means a field of specialty practice approved under section 13 of the National Law for the purposes of specialist registration in the medical profession. A subspecialty is a branch of a specialty. The Board publishes a registration standard - *List of specialties, fields and related titles*.

Types of patient care means:

1. undifferentiated illness patient care
2. chronic illness patient care
3. acute and critical illness patient care, and
4. peri-procedural patient care.

Undifferentiated illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training - Training environment - National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for, assessing and managing patients with undifferentiated illnesses. This means caring for a patient at the point of first presentation and when a new problem arises. This experience could be gained working in a range of settings such as an emergency department or in general practice.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: <date>

This standard replaces the previous registration standard approved by Ministerial Council on 9 November 2012.

Statement of assessment

The Medical Board of Australia's (the Board's) statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and COAG principles for best practice regulation

Proposed revised Registration standard: Granting general registration to Australian and New Zealand medical graduates on completion of intern training

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au.

These procedures have been developed by Ahpra in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Board's assessment of its proposal for a draft revised registration standard: *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the draft revised standard meets the objectives and guiding principles of the National Law.

The proposal considers the National Scheme's key objective of protecting the public by ensuring that only medical practitioners who are suitably trained and qualified are eligible for registration. Interns will only be granted general registration where an authorised person signs off that the intern has met the necessary standard. The sign off will be based on structured longitudinal assessments completed during the intern year.

The proposal also considers the other objectives of facilitating the provision of high-quality education and training of health practitioners and enabling innovation in the education of, and service delivery by, health practitioners.

The proposal supports the National Scheme's guiding principle to operate in a transparent, accountable, efficient, effective and fair way by providing a clear and transparent framework for assessing applications for registration in a consistent manner.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines, including consulting other National Boards on matters of shared interest.

Preliminary consultation was the first step in the consultation process. The aim of preliminary consultation is to enable the Board to test its proposals with key stakeholders and refine them before proceeding to public consultation.

The Board is now ensuring that there is public exposure of its proposal and the opportunity for public comment by undertaking an eight-week public consultation process. The public process will include

the publication of the consultation paper on the Board's website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners.

The Board will also invite key stakeholders to comment on the proposed registration standard including other National Boards, professional organisations, patient safety organisations, consumer groups and Aboriginal and Torres Strait Islander groups.

The Board will take into account the feedback it receives when finalising the draft revised registration standard that it may submit to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised standard, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG Principles expressed in the Ahpra procedures.

COAG Principles for Best Practice Regulation

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The proposal enables flexible, responsive training that aims to meet the needs of medical practitioners and their communities.

The proposed standard will continue to define the requirements for granting general registration to Australian and New Zealand medical graduates on completion of intern training. The proposal protects the public by ensuring only medical practitioners who are appropriately trained and qualified are eligible for general registration.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The proposal will not restrict competition as it would apply to all Australian and New Zealand medical graduates completing an internship.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The proposal is not expected to have any impact on consumer choice in the immediate term. In the long term, it may support consumer choice by encouraging more doctors to train in primary care where there is need for an expanded workforce.

- D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The changes to intern training arise from the Australian Health Ministers' Advisory Council's commissioned review of medical internship and Health Ministers' adoption of many of the recommendations made in the final report of the review. The Australian Medical Council has consulted on the applicable recommendations adopted by Health Ministers.

The proposal moves away from more restrictive training requirements and enables greater flexibility of training settings and locations. This flexibility supports training of interns that is reflective of community needs. Employers will be able to ensure training better reflects the reality of health care delivery while ensuring interns receive quality learning experiences to reach the standard expected for general registration.

The restructuring of training programs from mandatory terms to the proposed terms will be an administrative process of mapping the training program to the competencies required to be achieved by interns.

The public will benefit from a standard that ensures only medical practitioners who are suitably trained and qualified are granted general registration. In the longer term, the public may benefit as these doctors in training will receive exposure to rotations that may encourage them to train in areas of community need.

- E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the draft revised registration standard has been written in plain English that will help practitioners and the public to understand the requirements for registration. The Board has changed the structure of the standard and reviewed the wording to improve readability.

- F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

The Board has procedures for regularly reviewing standards, codes and guidelines. If approved, the Board will review the revised standard at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may review the standard earlier, in response to any issues which arise or new evidence which emerges to ensure the standard's continued relevance, workability and maintenance of public safety standards.



National Boards' Patient and Consumer Health and Safety Impact Statement

17 November 2022

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (Statement)¹ explains the potential impacts of a proposed new or revised registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions in the registration standard on the health and safety of patients and consumers, particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposed revisions in the registration standard on the health and safety of Aboriginal and Torres Strait Islander People, including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients and consumers, particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Patient and Consumer Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#), the [NRAS Strategy 2020-25](#), the [NRAS Engagement Strategy 2020-25](#) and reflect key aspects of the consultation process in [Ahpra's procedures for the development of registration standards, codes and guidelines and accreditation standards](#).

¹ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Below is our initial assessment of the potential impact of a proposed revised registration standard for *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* on the health and safety of patients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples.

1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The draft revised registration standard defines the requirements for granting general registration to Australian and New Zealand medical graduates on completion of intern training and therefore defines intern training requirements. The proposed standard:

- removes the need to complete mandatory terms in medicine, surgery and emergency medical care and replaces them with terms that include experience in:
 - undifferentiated illness patient care
 - chronic illness patient care
 - acute and critical illness patient care, and
 - peri-procedural patient care.

The revised standard supports flexible and innovative approaches to intern training requirements, including flexibility in settings and locations.

The Medical Board of Australia (the Board) is not proposing any changes to the 'general requirements' in the current standard such as the requirement for an approved qualification, English language skills, proof of identity, criminal history checks and a commitment to comply with the professional indemnity insurance registration standard.

The Board has considered the impacts that the proposal could have on patient and consumer health and safety, particularly vulnerable members of the community. In doing so, the Board considered the National Scheme's key objective of protecting the public by ensuring only medical practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. This registration standard supports that objective by ensuring that only medical practitioners who are appropriately qualified and who satisfactorily complete intern training are granted general registration.

The Board does not expect that the revisions to the standard will have any adverse impacts on patient and consumer safety, particularly vulnerable members of the community. The revised standard requires interns to undertake a broad range of training and provides for rotations in a range of disciplines and locations. It is hoped that in the longer term, interns who experience this broader training will be more likely to select careers where there is community need, therefore supporting access to healthcare for vulnerable communities.

The proposed registration standard is supported by the Australian Medical Council's National Framework for Prevocational (PGY1 and PGY2) Medical Training (the AMC Framework). The AMC Framework describes the standards and requirements for intern training programs and the competencies to be achieved by interns. Importantly, the AMC Framework requires intern training to include whole of person care, including recognising where a patient may be vulnerable and strengthens training in cultural safety, particularly for Aboriginal and Torres Strait Islander Peoples.

The Board will be consulting with peak bodies, patient safety bodies and other relevant organisations on the proposed changes to ensure there are no unidentified impacts. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and health care quality.

2. How will this consultation engage with patients and consumers, particularly vulnerable members of the community?

In line with our consultation processes, the Board is conducting wide-ranging public consultation for a minimum of eight weeks. During public consultation, the Board will engage with patient and consumer organisations, peak bodies and other relevant organisations to get input and to identify any issues for vulnerable consumers and for Aboriginal and Torres Strait Islander Peoples.

Our consultation questions specifically ask whether the proposed changes will impact on patient and consumer health and safety, particularly people vulnerable to harm within the community. Responses will help us better understand possible outcomes and address them.

3. What might be the unintended impacts for patients and consumers particularly vulnerable members of the community? How will these be addressed?

The proposal aims to ensure greater flexibility of training settings and locations (including outside metropolitan centres). This flexibility supports training of interns that is reflective of community needs and provides them with a breadth of clinical exposures to ensure they achieve the knowledge and skills to practise as safe entry-level practitioners. The Board does not expect there to be any unintended impacts for patients and consumers, including vulnerable members of the community. However, the consultation process will help us to identify any potential or unintended impacts.

The Board will fully consider and take action to address any potential impacts that are raised during the consultation process.

4. How will this proposal impact on Aboriginal and Torres Strait Islander People? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The proposal enables a flexible training model for interns that can evolve to meet the changing needs of the community where the intern is practising while ensuring interns meet a standard of practice expected for general registration. The Board does not expect there to be any adverse impacts for Aboriginal and Torres Strait Islander Peoples as a result of the proposed standard.

The proposed registration standard is underpinned by the AMC Framework that includes the competencies to be achieved by interns by the end of the intern year and the standards for intern training programs. The AMC Framework introduces new competencies to strengthen knowledge and skills in cultural safety for Aboriginal and Torres Strait Islander Peoples. The AMC Framework also emphasises the importance of Aboriginal and Torres Strait Islander health needs, cultural safety, the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce and requires training providers to attend to the specific needs of Aboriginal and Torres Strait Islander prevocational doctors.

Australian and New Zealand medical graduates are registered while they are completing intern training and are therefore also subject to the Board's standards, codes and guidelines. The Board's code of conduct requires all registered medical practitioners to provide culturally safe care, particularly for Aboriginal and Torres Strait Islander Peoples.

The Board's engagement through wide-ranging consultation will help us to identify any potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical care and **cultural safety**.

As part of our consultation process, we will engage with relevant Aboriginal and Torres Strait Islander organisations and stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The proposal aims to ensure Australian and New Zealand medical graduates meet the standard expected to practise as a safe entry-level practitioner.

The Board has considered what might be any unintended impacts for Aboriginal and Torres Strait Islander Peoples. While the Board does not expect there to be any unintended impacts, our engagement with relevant Aboriginal and Torres Strait Islander organisations and stakeholders will help us to identify any potential impacts. We will consider and take action to address any potential impacts for Aboriginal and Torres Strait Islander Peoples identified through the consultation process.

7. How will the impact of this proposal be actively monitored and evaluated?

The Board has procedures for regularly reviewing standards, codes and guidelines. If approved, the Board will review the revised standard at least every five years.

However, the Board may review the standard earlier, in response to any issues which arise or new evidence which emerges to ensure the standard's continued relevance, workability and maintenance of public safety standards. In particular, the Board will review the registration standard earlier if unintended consequences on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples were to arise.